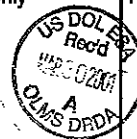


FORM LM-2 LABOR ORGANIZATION ANNUAL REPORT

**MUST BE USED BY LABOR ORGANIZATIONS WITH \$200,000 OR MORE IN
TOTAL ANNUAL RECEIPTS AND LABOR ORGANIZATIONS IN TRUSTEESHIP**

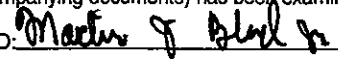
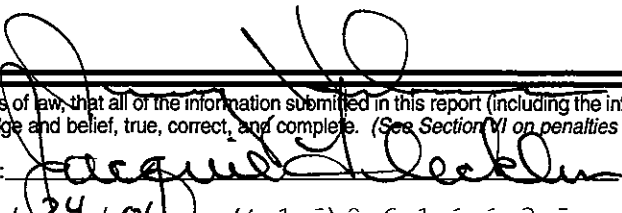
This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

For Official Use Only 	1. FILE NUMBER 0 3 9 - 5 3 2	2. PERIOD COVERED MO DAY YEAR From 0 1 0 1 2 0 0 0 Through 1 2 3 1 2 0 0 0	3. (a) AMENDED — If this is an amended report correcting a previously filed report, check here: (b) TERMINAL — If your organization ceased to exist and this is its terminal report, see Section XII of the instructions and check here: (c) SUBSIDIARY — If this is a report for a subsidiary organization of your union as defined in Section X of the instructions, check here:
	IMPORTANT Peel off the address label from the back of the package and place it here. If the label information is correct, leave Items 4 through 8 blank. If any of the label information is incorrect, complete Items 4 through 8.		
4. AFFILIATION OR ORGANIZATION NAME I.U.O.E. STATIONARY ENGINEERS		8. MAILING ADDRESS (Type or print in capital letters.) First Name J E R R Y Last Name K A L M A R P.O. Box • Building and Room Number (if any) Number and Street 3 3 7 V A L E N C I A , S T R E E T City S A N F R A N C I S C O State ZIP Code + 4 C A 9 4 1 0 3 -	
5. DESIGNATION (Local, Lodge, etc.) LOCAL	6. DESIGNATION NUMBER 39		
7. UNIT NAME (if any)			
9. Are your organization's records kept at its mailing address? (If "No," provide address in Item 75.) Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			

75. ADDITIONAL INFORMATION (If more space is needed, attach additional pages properly identified.)	
Item Number 72	THIS ITEM REFLECTS ONLY DISBURSEMENTS ON BEHALF OF INDIVIDUAL MEMBERS FOR OTHER THAN NORMAL OPERATING PURPOSES. ALL OF OUR EXPENSES BENEFIT THE ENTIRE UNION MEMBERSHIP AND INDIVIDUALS ARE NOT NORMALLY SINGLED OUT FOR SPECIAL PURPOSES.
VARIOUS	S E E A T T A C H E D S C H E D U L E

Each of the undersigned, duly authorized officers of the above labor organization, declares, under the applicable penalties of law, that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See Section VI on penalties in the instructions.)

76. SIGNED:  3 / 24 / 01 (4 1 5) 8 6 1 - 1 1 3 5 Date Telephone Number	PRESIDENT (If other title, see instructions.)	77. SIGNED:  3 / 24 / 01 (4 1 5) 8 6 1 - 1 1 3 5 Date Telephone Number	TREASURER (If other title, see instructions.)
---	--	---	--

During the Reporting Period Did Your Organization:

- | | Yes | No |
|--|-------------------------------------|-------------------------------------|
| 10. Have a "subsidiary organization" as defined in Section X of the instructions? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 11. Create or participate in the administration of a trust or other fund or organization, as defined in the instructions, which provides benefits for members or their beneficiaries? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 12. Have a political action committee (PAC) fund? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 13. Acquire or dispose of any goods or property in any manner other than by purchase or sale? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 14. Have an audit or review of its books and records by an outside accountant or by a parent body auditor/representative? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 15. Discover any loss or shortage of funds or other property?
(Answer "Yes" even if there has been repayment or recovery.) | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 16. Have any officer who was paid \$10,000 or more by your organization and also received \$10,000 or more as an officer or employee of another labor organization or of an employee benefit plan? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 17. Liquidate or reduce any liabilities without disbursement of cash? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

(If the answer to any of the above questions is "Yes," provide details in Item 75 on page 1 as explained in the instructions for each item.)

18. How many members did your organization have at the end of the reporting period? 1 5 3 9 2
19. What is the date of your organization's next regular election of officers? MO YEAR
8 2 0 0 1
20. What is the maximum amount recoverable under your organization's fidelity bond for a loss caused by any officer or employee of your organization? \$ 5 0 0 0 0 0
21. What are your organization's rates of dues and fees?
(Enter a minimum and maximum if more than one rate applies for any line.)

Rates of Dues and Fees	
(a) Regular Dues/Fees	\$ <u>2X</u> <u>HRLY RATE</u> per <u>MONTH</u> (Month, Year, etc.)
(b) Initiation Fees	\$ <u>400/50/10</u>
(c) Transfer Fees	\$ <u>1</u>
(d) Work Permits	\$ <u>21</u> per <u>MONTH</u> (Month, Year, etc.)

- | | Yes | No |
|--|-------------------------------------|-------------------------------------|
| 22. During the reporting period, did your organization have any changes in its constitution and bylaws (other than rates of dues and fees) or in practices/procedures listed in the instructions?
(If the constitution and bylaws have changed, attach two new dated copies. If practices/procedures have changed, see the instructions.) | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 23. Were any of your organization's assets pledged as security or encumbered in any other way at the end of the reporting period? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 24. Did your organization have any contingent liabilities at the end of the reporting period? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

(If the answer to Item 23 or 24 is "Yes," provide details in Item 75 on page 1.)

STATEMENT A — ASSETS AND LIABILITIES

FILE NUMBER: 0 3 9 — 5 3 2

Complete Schedules 1 Through 15 Before Completing Statement A

Enter Amounts in Dollars Only — Do Not Enter Cents

	ASSETS	From SCH #	Start of Reporting Period (A)	End of Reporting Period (B)
	Item			
ASSETS	25. Cash	1	7 6 2 0 7 5	1 2 6 9 5 6 4
	26. Accounts Receivable		0	0
	27. Loans Receivable		0	0
	28. U.S. Treasury Securities		0	0
	29. Investments	2	6 9 1 7 5	0
	30. Fixed Assets	5	3 2 9 6 4 4 4	2 2 2 4 3 2 6
	31. Other Assets	3	1 7 2 5 0 0	1 0 2 8 5 4 7
	32. TOTAL ASSETS		4 3 0 0 1 9 4	4 5 2 2 4 3 7
LIABILITIES	33. Accounts Payable	8	0	0
	34. Loans Payable		0	0
	35. Mortgages Payable	4	1 8 5 2 2 6 6	1 7 9 1 8 9 5
	36. Other Liabilities		1 8 1 5 6 8	1 4 0 6 4 3
	37. TOTAL LIABILITIES		2 0 3 3 8 3 4	1 9 3 2 5 3 8
	38. NET ASSETS (Item 32 less Item 37)		2 2 6 6 3 6 0	2 5 8 9 8 9 9

STATEMENT B — RECEIPTS AND DISBURSEMENTS

FILE NUMBER: 0 3 9 - 5 3 2

Complete Schedules 1 Through 15 Before Completing Statement B

Enter Amounts in Dollars Only — Do Not Enter Cents

CASH RECEIPTS		From SCH #	AMOUNT	CASH DISBURSEMENTS		From SCH #	AMOUNT
Item				Item			
39. Dues			7 8 0 9 2 5 0	56. To Officers	9		2 0 2 0 8 9
40. Per Capita Tax			0	57. To Employees	10		2 1 4 8 9 2 8
41. Fees			2 0 3 5	58. Per Capita Tax			1 4 3 4 6 6 8
42. Fines			0	59. Fees, Fines, Assessments, etc.			0
43. Assessments			0	60. Office & Administrative Expense	13		7 6 9 0 5 5
44. Work Permits			0	61. Educational & Publicity Expense ...			3 1 0 7 8
45. Sale of Supplies			4 3 9 4	62. Professional Fees			4 1 2 3 5 0
46. Interest			4 5 1 7 3	63. Benefits	11		9 0 6 0 3 1
47. Dividends			0	64. Contributions, Gifts & Grants	12		3 5 3 3 6
48. Rents			1 4 9 1 8 9	65. Supplies for Resale			0
49. Sale of Investments & Fixed Assets	6		6 9 1 7 5	66. Direct Taxes			2 8 0 6 7 5
50. Loans Obtained	8		0	67. Withholding Taxes			8 7 7 4 5 9
51. Repayments of Loans Made	1		0	68. Purchase of Investments & Fixed Assets	7		1 0 6 8 7 3
52. On Behalf of Affiliates for Transmittal to Them			1 6 3 5 1 7	69. Loans Made	1		0
53. From Members for Disbursement on Their Behalf			1 3 7 3 2	70. Repayment of Loans Obtained	8		0
54. Other Receipts	14		5 0 3 5 3 7	71. To Affiliates of Funds Collected on Their Behalf			1 6 3 5 1 7
				72. On Behalf of Individual Members ...			1 3 7 3 2
				73. Other Disbursements	15		8 7 0 7 2 2
55. TOTAL RECEIPTS			8 7 6 0 0 0 2	74. TOTAL DISBURSEMENTS			8 2 5 2 5 1 3

If more space is needed to complete Schedules 1 through 8 or 11 through 15, continue on additional pages, using the same column headings used on the schedule, and enter the totals on the line provided for additional pages in each schedule. For Schedules 9 and 10, use the continuation pages provided.

FILE NUMBER: 039-532

Enter Amounts in Dollars Only — Do Not Enter Cents

SCHEDULE 1 — LOANS RECEIVABLE

List below loans to officers, employees, or members which at any time during the reporting period exceeded \$250 and list all loans to business enterprises regardless of amount. (A)	Loans Outstanding at Start of Period (B)	Loans Made During Period (C)	Repayments Received During Period		Loans Outstanding at End of Period (E)
			Cash (D)(1)	Other Than Cash (D)(2)	
1. Name: _____ Purpose: _____ Security: _____ Terms of Repayment: _____					
2. Name: _____ Purpose: _____ Security: _____ Terms of Repayment: _____					
3. Name: _____ Purpose: _____ Security: _____ Terms of Repayment: _____					
4. Totals from additional pages (if any)	0	0	0	0	0
5. Totals of loans not listed above	0	0	0	0	0
6. Totals of Lines 1 through 5	0	0	0	0	0
Enter the Totals from Line 6 in <div style="display: flex; justify-content: space-between; width: 100%;"> <div> ↑ Item 27 Column (A) </div> <div> ↑ Item 69 </div> <div> ↑ Item 51 </div> <div> ↑ Item 75 with Explanation </div> <div> ↑ Item 27 Column (B) </div> </div>					

SCHEDULE 2 — INVESTMENTS **(OTHER THAN U.S. TREASURY SECURITIES)**

Description (A)	Amount (B)
Marketable Securities	
1. Total Cost	
2. Total Book Value	
3. List each marketable security which has a book value over \$1,000 and exceeds 20% of Line 2.	
(a) SEE ATTACHED SCHEDULE	
(b)	
(c)	
(d)	
Other Investments	
4. Total Cost	0
5. Total Book Value	0
6. List each other investment which has a book value over \$1,000 and exceeds 20% of Line 5. Also list each subsidiary for which separate reports are attached.	
(a)	
(b)	
(c)	
(d)	
(e) Total from additional pages (if any)	0
7. Total of Lines 2 and 5	0
Enter the Total from Line 7 in Item 29, Column (B)	

FILE NUMBER: 0 3 9 - 5 3 2

SCHEDULE 3 — OTHER ASSETS

Description (A)	Book Value (B)
1. SEE ATTACHED SCHEDULE	
2.	
3.	
4.	
5.	
6. Total from additional pages (if any)	1028547
7. Total of Lines 1 through 6	1028547
Enter the Total from Line 7 in Item 31, Column (B)	

SCHEDULE 4 — OTHER LIABILITIES

Description (A)	Amount at End of Period (B)
1. SEE ATTACHED SCHEDULE	
2.	
3.	
4.	
5.	
6. Total from additional pages (if any)	140643
7. Total of Lines 1 through 6	140643
Enter the Total from Line 7 in Item 36, Column (D)	

SCHEDULE 5 — FIXED ASSETS

FILE NUMBER: 0 3 9 — 5 3 2


Description (A)	Cost or Other Basis (B)	Total Depreciation or Amount Expensed (C)	Book Value (D)	Fair Market Value (E)
1. Land (give location): SEE ATTACHED SCHEDULE				
2. Totals from additional pages (if any)	770788		770788	N/A
3. Buildings (give location):				
4. Totals from additional pages (if any)	1630196	351458	1278738	N/A
5. Automobiles and Other Vehicles	33223	6644	26579	N/A
6. Office Furniture and Equipment	458451	310230	148221	N/A
7. Other Fixed Assets	0	0	0	N/A
8. Totals of Lines 1 through 7	2892658	668332	2 2 2 4 3 2 6	N/A
<p>Enter the Total from Line 8, Column (D) in Item 30, Column (B)</p>				

SCHEDULE 6 — SALE OF INVESTMENTS AND FIXED ASSETS






Description (if land or buildings, give location) (A)	Cost (B)	Book Value (C)	Gross Sales Price (D)	Amount Received (E)
1. SEE ATTACHED SCHEDULE				
2.				
3.				
4.				
5. Totals from additional pages (if any)	69175	69175	69175	69175
6. Totals of Lines 1 through 5	69175	69175	69175	69175
			7. Less Reinvestments	0
			8. Net Sales	6 9 1 7 5
<p>Enter the Total from Line 8 in Item 49</p>				

SCHEDULE 7 — PURCHASE OF INVESTMENTS AND FIXED ASSETS

FILE NUMBER: 0 3 9 — 5 3 2

Description (if land or buildings, give location) (A)	Cost (B)	Book Value (C)	Cash Paid (D)
1. SEE ATTACHED SCHEDULE			
2.			
3.			
4.			
5. Totals from additional pages (if any)	106873	106873	106873
6. Totals of Lines 1 through 5	106873	106873	106873
			7. Less Reinvestments
			0
			8. Net Purchases
			1 0 6 8 7 3
Enter the Total from Line 8 in  Item 68			

SCHEDULE 8 — LOANS PAYABLE

Source of Loans Payable at Any Time During the Reporting Period (A)	Loans Owed at Start of Period (B)	Loans Obtained During Period (C)	Repayment Made During Period		Loans Owed at End of Period (E)
			Cash (D)(1)	Other Than Cash (D)(2)	
1.					
2.					
3.					
4.					
5. Totals from additional pages (if any)	0	0	0	0	0
6. Totals of Lines 1 through 5	0	0	0	0	0
Enter the Totals from Line 6 in  Item 34  Item 50  Item 70  Item 75  Item 34					
Column (C) with Explanation Column (D)					

SCHEDULE 9 — ALL OFFICERS AND DISBURSEMENTS TO OFFICERS

FILE NUMBER: 039-5321

(A) Name <small>(List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small>	Status (C)*					
1. KALMAR JERRY Title RECORDING SEC. Status N		123771	5370	24046	0	153187
2. DION PHILLIP Title VICE-PRESIDENT Status C		2400	0	2406	0	4806
3. MURRAY JEFFERY Title FINANCIAL SEC. Status C		2400	0	1296	0	3696
4. VIAT ART Title RECORDING SEC. Status P		128154	1200	50	0	129404
5. BLAND MADISON Title PRESIDENT Status C		2400	0	3546	0	5946
6. FLECKLIN JACQUIE Title TREASURER Status N		400	0	970	0	1370
7. LEE LIN Title TREASURER Status P		2000	0	1076	0	3076
8. Totals from additional pages (if any)		0	0	0	0	0
9. Totals of Lines 1 through 8		261525	6570	33390	0	301485
				10. Less Deductions 99396		
Enter the Total from Line 11 in Item 56 ➡				11. Net Disbursements 202089		

*Code for Status (C): past officer — P; continuing officer — C; new officer during the reporting period — N.

(If any officer was not elected at a regular election in accordance with your organization's constitution and bylaws, explain in Item 75 on page 1.)

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES

FILE NUMBER: 0 3 9 - 5 3 2

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>						
(C) Name of Affiliated Organization <small>(if applicable)</small>						
1.	<div> <div>Last Name</div> <div>First Name</div> <div>A L L A N</div> <div>S T E P H A N</div> <div>Position</div> <div>B U S I N E S S A G E N T</div> <div>Name of Affiliated Organization</div> </div>	8 2 3 7 6	7 0 8 0	0	0	8 9 6 5 6
2.	<div> <div>Last Name</div> <div>First Name</div> <div>B A R R Y</div> <div>K E V I N</div> <div>Position</div> <div>B U S I N E S S A G E N T</div> <div>Name of Affiliated Organization</div> </div>	5 0 9 4 5	4 7 2 0	0	0	5 5 6 6 5
3.	<div> <div>Last Name</div> <div>First Name</div> <div>H A R D Y</div> <div>W I L L I A M</div> <div>Position</div> <div>B U S I N E S S A G E N T</div> <div>Name of Affiliated Organization</div> </div>	7 5 1 9 3	7 0 8 0	1 4 1	0	8 2 4 1 4
4.	<div> <div>Last Name</div> <div>First Name</div> <div>K A V A N A G H</div> <div>P E T E R</div> <div>Position</div> <div>I S N M A N A G E R</div> <div>Name of Affiliated Organization</div> </div>	6 7 3 3 0	0	1 2 2 8	0	6 8 5 5 8
5.	<div> <div>Last Name</div> <div>First Name</div> <div>L O N G</div> <div>L Y N N</div> <div>Position</div> <div>B U S I N E S S A G E N T</div> <div>Name of Affiliated Organization</div> </div>	7 5 1 9 3	7 0 8 0	6 1 9	0	8 2 8 9 2
6. Totals from additional pages <small>(if any)</small>		2430340	180081	30288	0	2640709
7. Totals for all employees who, during the reporting period, received \$10,000 or less in total disbursements from your organization and any affiliates		47601	0	37707	0	85308
8. Totals of Lines 1 through 7		2829178	206041	69983	0	3105202
				9. Less Deductions 9 5 6 2 7 4		
Enter the Total from Line 10 in..... Item 57 ⇒				10. Net Disbursements 2 1 4 8 9 2 8		

SCHEDULE 11 — BENEFITS

FILE NUMBER: 0 3 9 — 3 4 5

Description (A)	To Whom Paid (B)	Amount (C)
1. SEE ATTACHED SCHEDULE		
2.		
3.		
4.		
5. Total from additional pages (if any)		906031
6. Total of Lines 1 through 5		906031
Enter the Total from Line 6 ↑ Item 63		


SCHEDULE 12 — CONTRIBUTIONS, GIFTS & GRANTS

Description (A)	Amount (B)
1. SEE ATTACHED SCHEDULE	
2.	
3.	
4.	
5.	
6.	
7. Total from additional pages (if any)	35336
8. Total of Lines 1 through 7	35336
Enter the Total from Line 8 in ↑ Item 64	


SCHEDULE 13 — OFFICE & ADMINISTRATIVE EXPENSE

Description (A)	Amount (B)
1. SEE ATTACHED SCHEDULE	
2.	
3.	
4.	
5.	
6.	
7. Total from additional pages (if any)	769055
8. Total of Lines 1 through 7	769055
Enter the Total from Line 8 in ↑ Item 60	

**SCHEDULE 14 —
OTHER RECEIPTS**

Description (A)	Amount (B)
1. SEE ATTACHED SCHEDULE	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	
16. Total from additional pages (if any)	503537
17. Total of Lines 1 through 16	5 0 3 5 3 7
Enter the Total from Line 17 in  Item 54	

**SCHEDULE 15 —
OTHER DISBURSEMENTS**

Description (A)	Amount (B)
1. SEE ATTACHED SCHEDULE	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	
16. Total from additional pages (if any)	870722
17. Total of Lines 1 through 16	8 7 0 7 2 2
Enter the Total from Line 17 in  Item 73	

ORGANIZATION NAME:
IUOE STATIONARY ENGINEERS LOCAL 39

ENDING DATE OF PERIOD COVERED: 12/31/2000

FILE NUMBER: 039-5321

PAGE 6 OF 22 ADDITIONAL PAGES

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)</small>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>					
(C) Name of Affiliated Organization <small>(if applicable)</small>					
<div> <div>Last Name</div> <div>LEWIS</div> </div> <div> <div>First Name</div> <div>JOHN</div> </div> <div> <div>Position</div> <div>BUSINESS AGENT</div> </div> <div> <div>Name of Affiliated Organization</div> <div></div> </div>	1 5 1 7 2	1 2 3 8	0	0	1 6 4 1 0
<div> <div>Last Name</div> <div>MENTH</div> </div> <div> <div>First Name</div> <div>LAWRENC</div> </div> <div> <div>Position</div> <div>BUSINESS AGENT</div> </div> <div> <div>Name of Affiliated Organization</div> <div></div> </div>	7 5 1 9 3	7 0 8 0	0	0	8 2 2 7 3
<div> <div>Last Name</div> <div>SOLT</div> </div> <div> <div>First Name</div> <div>CHARLIE</div> </div> <div> <div>Position</div> <div>BUSINESS AGENT</div> </div> <div> <div>Name of Affiliated Organization</div> <div></div> </div>	7 5 1 9 3	7 0 8 0	3 6 7	0	8 2 6 4 0
<div> <div>Last Name</div> <div>MATULICH</div> </div> <div> <div>First Name</div> <div>NANCY</div> </div> <div> <div>Position</div> <div>BUSINESS AGENT</div> </div> <div> <div>Name of Affiliated Organization</div> <div></div> </div>	3 7 0 5 4	3 3 8 3	0	0	4 0 4 3 7
<div> <div>Last Name</div> <div>THIEL</div> </div> <div> <div>First Name</div> <div>CHARLES</div> </div> <div> <div>Position</div> <div>BUSINESS AGENT</div> </div> <div> <div>Name of Affiliated Organization</div> <div></div> </div>	7 9 8 1 3	7 0 8 0	0	0	8 6 8 9 3
Totals					

ORGANIZATION NAME:
TUOE STATIONARY ENGINEERS LOCAL 39

ENDING DATE OF PERIOD COVERED:
12/31/2000

FILE NUMBER: 0 3 9 - 5 3 2

PAGE 1 OF 22 ADDITIONAL PAGES

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)</small>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>					
(C) Name of Affiliated Organization <small>(if applicable)</small>					
<div> <div>Last Name</div> <div>W I D I N G</div> </div> <div> <div>First Name</div> <div>K A T H L E E</div> </div> <div> <div>Position</div> <div>B U S I N E S S A G E N T</div> </div> <div> <div>Name of Affiliated Organization</div> <div></div> </div>	7 5 1 9 3	7 0 8 0	7 2	0	8 2 3 4 5
<div> <div>Last Name</div> <div>G E N T R Y</div> </div> <div> <div>First Name</div> <div>A L E X</div> </div> <div> <div>Position</div> <div>C L E R K</div> </div> <div> <div>Name of Affiliated Organization</div> <div></div> </div>	3 7 9 1 2	0	0	0	3 7 9 1 2
<div> <div>Last Name</div> <div>G O M E S</div> </div> <div> <div>First Name</div> <div>L O R E T T A</div> </div> <div> <div>Position</div> <div>R E C E P T I O N I S T</div> </div> <div> <div>Name of Affiliated Organization</div> <div></div> </div>	2 5 3 5 0	0	0	0	2 5 3 5 0
<div> <div>Last Name</div> <div>R U S S O</div> </div> <div> <div>First Name</div> <div>A N T O N I N</div> </div> <div> <div>Position</div> <div>C L E R K</div> </div> <div> <div>Name of Affiliated Organization</div> <div></div> </div>	4 2 3 2 2	0	0	0	4 2 3 2 2
<div> <div>Last Name</div> <div>S M I T H</div> </div> <div> <div>First Name</div> <div>M A R I A</div> </div> <div> <div>Position</div> <div>C L E R K</div> </div> <div> <div>Name of Affiliated Organization</div> <div></div> </div>	3 7 1 6 6	0	0	0	3 7 1 6 6
Totals					

ORGANIZATION NAME:
 TUCSE STATIONARY ENGINEERS LOCAL 39
 ENDING DATE OF PERIOD COVERED: 12/31/2000

FILE NUMBER: 039-532

PAGE 8 OF 22 ADDITIONAL PAGES

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)</small>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>					
(C) Name of Affiliated Organization <small>(if applicable)</small>					
Last Name: BASUDEV First Name: PIA Position: BUSINESS AGENT Name of Affiliated Organization:	75193	7080	0	0	82273
Last Name: BERTKE First Name: JOHN Position: BUSINESS AGENT Name of Affiliated Organization:	75193	7080	0	0	82273
Last Name: BONILLA First Name: PERRY Position: DIR OF PUB EMP Name of Affiliated Organization:	93196	7080	5714	0	105990
Last Name: BRYANT First Name: JOAN Position: BUSINESS AGENT Name of Affiliated Organization:	75205	7080	994	0	83279
Last Name: DA ROZA First Name: ROBERT Position: BUSINESS AGENT Name of Affiliated Organization:	75193	7080	0	0	82273
Totals					

ORGANIZATION NAME: ICOE STATIONARY ENGINEERS LOCAL 39

ENDING DATE OF PERIOD COVERED: 1 2 / 3 1 / 2 0 0 0

FILE NUMBER: 0 3 9 - 5 3 2

PAGE 9 OF 22 ADDITIONAL PAGES

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)</small>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>					
(C) Name of Affiliated Organization <small>(if applicable)</small>					
Last Name: <u>F A R M E R</u> First Name: <u>D E A N</u> Position: <u>B U S I N E S S A G E N T</u> Name of Affiliated Organization: _____	<u>7 5 1 9 3</u>	<u>7 0 8 0</u>	<u>1 7 2</u>	<u>0</u>	<u>8 2 4 4 5</u>
Last Name: <u>F L O R E N C E</u> First Name: <u>B A R T O N</u> Position: <u>B U S I N E S S A G E N T</u> Name of Affiliated Organization: _____	<u>7 9 7 3 9</u>	<u>7 0 8 0</u>	<u>3 1 3 1</u>	<u>0</u>	<u>8 9 9 5 0</u>
Last Name: <u>H O E L F I N G</u> First Name: <u>S H E R R Y</u> Position: <u>B U S I N E S S A G E N T</u> Name of Affiliated Organization: _____	<u>7 5 1 9 3</u>	<u>7 0 8 0</u>	<u>4 7 5</u>	<u>0</u>	<u>8 2 7 4 8</u>
Last Name: <u>K I N N E Y</u> First Name: <u>W A N D A</u> Position: <u>B U S I N E S S A G E N T</u> Name of Affiliated Organization: _____	<u>8 0 7 1 7</u>	<u>7 0 8 0</u>	<u>1 7 9 7</u>	<u>0</u>	<u>8 9 5 9 4</u>
Last Name: <u>L E N Z I</u> First Name: <u>N A T A L I E</u> Position: <u>O R G A N I Z E R</u> Name of Affiliated Organization: _____	<u>7 4 3 2 0</u>	<u>6 1 9 5</u>	<u>0</u>	<u>0</u>	<u>8 0 5 1 5</u>
Totals					

ORGANIZATION NAME:
IUEE STATIONARY ENGINEERS LOCAL 39
 ENDING DATE OF PERIOD COVERED: 12/31/2000

FILE NUMBER: 039-532

PAGE 10 OF 22 ADDITIONAL PAGES

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)</small>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>					
(C) Name of Affiliated Organization <small>(if applicable)</small>					
Last Name: <u>S P I C E R</u> First Name: <u>C O N C E P C</u> Position: <u>C L E R K</u> Name of Affiliated Organization: _____	<u>1 8 6 3 0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>1 8 6 3 0</u>
Last Name: <u>V A N W O R M E R</u> First Name: <u>L I S A</u> Position: <u>C L E R K</u> Name of Affiliated Organization: _____	<u>3 7 4 0 0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>3 7 4 0 0</u>
Last Name: <u>S H A M B L I N</u> First Name: <u>T E R R Y</u> Position: <u>C L E R K</u> Name of Affiliated Organization: _____	<u>3 7 9 2 6</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>3 7 9 2 6</u>
Last Name: <u>D E A L</u> First Name: <u>M A R L E N E</u> Position: <u>C L E R K</u> Name of Affiliated Organization: _____	<u>3 0 6 6 1</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>3 0 6 6 1</u>
Last Name: <u>M I D D L E T O N</u> First Name: <u>L I N D A</u> Position: <u>O F F I C E M A N A G E R</u> Name of Affiliated Organization: _____	<u>3 9 8 7 6</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>3 9 8 7 6</u>
Totals					

ORGANIZATION NAME:
IUOE STATIONARY ENGINEERS LOCAL 39

ENDING DATE OF PERIOD COVERED:
12/31/2000

FILE NUMBER: 0 3 9 - 5 3 2

PAGE 11 OF 22 ADDITIONAL PAGES

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name (List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position (Enter employee's job title.)						
(C) Name of Affiliated Organization (if applicable)						
Last Name W O O D	First Name R E B E C C A	3 7 9 1 3	0	0	0	3 7 9 1 3
Position C L E R K						
Name of Affiliated Organization						
Last Name R O O T	First Name L O N N A	3 7 9 1 2	0	0	0	3 7 9 1 2
Position C L E R K						
Name of Affiliated Organization						
Last Name O S B O R N	First Name M I K L E	9 6 8 2	5 9 0	0	0	1 0 2 7 2
Position B U S I N E S S A G E N T						
Name of Affiliated Organization						
Last Name W I L L I A M S	First Name Z E G O R Y	5 4 9 7 5	5 8 3 5	0	0	6 0 8 1 0
Position B U S I N E S S A G E N T						
Name of Affiliated Organization						
Last Name H I L L E S H E I M	First Name P A U L	4 1 6 1 7	3 5 4 0	0	0	4 5 1 5 7
Position B U S I N E S S A G E N T						
Name of Affiliated Organization						
Totals						

ORGANIZATION NAME:
IUOE STATIONARY ENGINEERS LOCAL 39

ENDING DATE OF PERIOD COVERED:
12/31/2000

FILE NUMBER: 039-532

PAGE 12 OF 22 ADDITIONAL PAGES

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)</small>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>					
(C) Name of Affiliated Organization <small>(if applicable)</small>					
Last Name: MASON First Name: JAMES Position: BUSINESS AGENT Name of Affiliated Organization:	75193	7080	0	0	82273
Last Name: MCNUITY First Name: DANIEL Position: BUSINESS AGENT Name of Affiliated Organization:	75193	7080	0	0	82273
Last Name: SEITZ First Name: MICHAEL Position: DISTRICT REP. Name of Affiliated Organization:	80962	7080	486	0	88528
Last Name: TOFANELLI First Name: ROBERT Position: BUSINESS AGENT Name of Affiliated Organization:	79916	7080	3198	0	90194
Last Name: VINCENT First Name: DONALD Position: DISTRICT REP. Name of Affiliated Organization:	80962	7080	4507	0	92549
Totals					

ORGANIZATION NAME: IUOE STATIONARY ENGINEERS LOCAL 39

ENDING DATE OF PERIOD COVERED: 12/31/2000

FILE NUMBER: 039 - 532

PAGE 13 OF 22 ADDITIONAL PAGES

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)</small>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>					
(C) Name of Affiliated Organization <small>(if applicable)</small>					
Last Name: CORREA First Name: ALEXAN Position: BUSINESS AGENT Name of Affiliated Organization:	75193	7080	0	0	82273
Last Name: LOMBARDO First Name: CARL Position: BUSINESS AGENT Name of Affiliated Organization:	84200	7080	2447	0	93727
Last Name: NAZE First Name: BARBARA Position: BUSINESS AGENT Name of Affiliated Organization:	46067	1475	0	0	47542
Last Name: FREDERICK First Name: JERRY Position: BUSINESS AGENT Name of Affiliated Organization:	75193	7080	1709	0	83982
Last Name: OHAIR First Name: KEVIN Position: BUSINESS AGENT Name of Affiliated Organization:	60755	5605	620	0	66980
Totals					

ORGANIZATION NAME:
IUOE STATIONARY ENGINEERS LOCAL 39

ENDING DATE OF PERIOD COVERED: 12/31/2000

FILE NUMBER: 0 3 9 - 5 3 2

PAGE 14 OF 22 ADDITIONAL PAGES

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)</small>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
Last Name: CHAVEZ First Name: JOSE LIT Position: Name of Affiliated Organization: CLERK	1 9 0 8 3	0	0	0	1 9 0 8 3
Last Name: LUNSFORD First Name: JIM Position: Name of Affiliated Organization: DIR. OF TRAINING	2 0 7 9 8	1 7 7 0	4 5 1 3	0	2 7 0 8 1
Last Name: STARELLI First Name: JOHN Position: Name of Affiliated Organization: AST. DIR OF TR	1 5 0 4 6	1 7 7 0	8 6	0	1 6 9 0 2
Last Name: FORD First Name: PETE Position: Name of Affiliated Organization: BUSINESS AGENT	1 5 6 7 7	0	0	0	1 5 6 7 7
Last Name: First Name: Position: Name of Affiliated Organization:					0
Totals	2430340	180081	30288	0	2640709

ORGANIZATION NAME:

FILE NUMBER: _____

ENDING DATE OF PERIOD COVERED: _____

PAGE _____ OF _____ ADDITIONAL PAGES

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES *(continued)*

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)</small>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>					
(C) Name of Affiliated Organization <small>(if applicable)</small>					
<div> <div>Last Name</div> <div>First Name</div> </div> <div> <div>Position</div> <div>Name of Affiliated Organization</div> </div>					
<div> <div>Last Name</div> <div>First Name</div> </div> <div> <div>Position</div> <div>Name of Affiliated Organization</div> </div>					
<div> <div>Last Name</div> <div>First Name</div> </div> <div> <div>Position</div> <div>Name of Affiliated Organization</div> </div>					
<div> <div>Last Name</div> <div>First Name</div> </div> <div> <div>Position</div> <div>Name of Affiliated Organization</div> </div>					
<div> <div>Last Name</div> <div>First Name</div> </div> <div> <div>Position</div> <div>Name of Affiliated Organization</div> </div>					
Totals					

Period End Date: 12-31-2000

File Number: 039-532

Page 1 of 22

SCHEDULE 3 -- OTHER ASSETS

[illegible]

Period End Date: 12-31-2000

Page 2 of 22

SCHEDULE 4 -- OTHER LIABILITIES

Description (A)	Amount at End of Period (B)
PAYROLL WITHHOLDINGS	30,343
PER CAPITA PAYABLE	110,300
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
Total Other Liabilities - Other	140,643

Organization Name: IUOE STATIONARY ENGINEERS LOCAL 39
 Period End Date: 12-31-2000

File Number: 039-532
 Page 3 of 22

SCHEDULE 5 -- FIXED ASSETS

Description (A)	Cost or Other Basis (B)	Total Depreciation or Amount Expensed (C)	Book Value (D)	Fair Market Value (E)
1. Land (give location):				
SACRAMENTO, SAN FRANCISCO, FRESNO	770,788		770,788	N/A
	0		0	N/A
	0		0	N/A
	0		0	N/A
	0		0	N/A
	0		0	N/A
	0		0	N/A
	0		0	N/A
	0		0	N/A
	0		0	N/A
	0		0	N/A
	0		0	N/A
	0		0	N/A
	0		0	N/A
	0		0	N/A
	0		0	N/A
	0		0	N/A
Total Other Land	770,788		770,788	N/A
3. Buildings (give location):				
SACRAMENTO, SAN FRANCISCO, FRESNO	1,630,196	351,458	1,278,738	N/A
	0	0	0	N/A
	0	0	0	N/A
	0	0	0	N/A
	0	0	0	N/A
	0	0	0	N/A
	0	0	0	N/A
	0	0	0	N/A
	0	0	0	N/A
	0	0	0	N/A
	0	0	0	N/A
	0	0	0	N/A
	0	0	0	N/A
	0	0	0	N/A
	0	0	0	N/A
	0	0	0	N/A
	0	0	0	N/A
Total Other Buildings	1,630,196	351,458	1,278,738	N/A

Period End Date: 12-31-2000

File Number:

039-532

Page 4 of 22**SCHEDULE 6 -- SALE OF INVESTMENTS AND FIXED ASSETS**[illegible]

Period End Date: 12-31-2000

File Number:

039-532

Page 5 of 22

SCHEDULE 7 -- PURCHASE OF INVESTMENTS AND FIXED ASSETS

[illegible]

Period End Date: 12-31-2000

Page 15 of 22

SCHEDULE 11 - BENEFITS

[illegible]

Period End Date: 12-31-2000

Page 16 of 22

039-532

SCHEDULE 12 CONTRIBUTIONS, GIFTS & GRANTS - Other

Description (A)	Amount (B)
SCHOLARSHIP AWARD	2,200
NON POLITICAL CONTRIBUTIONS	23,986
POLITICAL CONTRIBUTIONS - PAC FUND	9,150
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
Total Contributions, gifts, & grants - other	35,336

Organization Name: IUOE STATIONARY ENGINEERS LOCAL 39

Period End Date: 12-31-2000

File Number: 039-532

Page 11 of 22**SCHEDULE 13 -- OFFICE AND ADMINISTRATIVE EXPENSE - Other**

Description (A)	Amount (B)
REPAIRS AND MAINTENANCE	54,199
PUBLICATIONS AND SUBSCRIPTIONS	30,715
JANITORIAL	42,008
UTILITIES	36,700
BUILDING SECURITY	4,152
POSTAGE	42,149
EQUIPMENT LEASE	42,631
RENT	3,431
PRINTING	293,874
TELEPHONE	58,855
OUTSIDE CLERICAL SERVICE	34,655
OFFICE SUPPLIES	60,967
INSURANCE	54,900
SHIPPING AND DELIVERY	9,133
BANK FEES	686
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
Total Office & Administrative Expense - other	769,055

Period End Date: 12-31-2000

039-532

Page 18 of 22**SCHEDULE 14 -- OTHER RECEIPTS - Other**

Description (A)	Amount (B)
TRAINING CENTER REIMBURSEMENT	330,375
INSURANCE SETTLEMENT PROCEEDS	55,112
SUPOENA FEES REIMBURSEMENT	166
INSURANCE FEE REIMBURSEMENT	334
DISPATCH REIMBURSEMENT	1,532
CONTINUING EDUCATION CONTRIBUTION	1,500
VENDING MACHINE COMMISSIONS	250
TITLE REFUND	348
JURY DUTY REIMBURSEMENTS	35
REBATE FROM INTERNATIONAL	113,885
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
Total Other receipts - other	503,537

Period End Date: 12-31-2000

File Number:

Page 14 of 22

039-532

SCHEDULE 15 – OTHER DISBURSEMENTS - Other

Description (A)	Amount (B)
MORTGAGE INTEREST	154,324
UNION EVENTS	21,629
DEDUCTION FEES	1,562
STRIKE BENEFITS	5,100
LEGAL SETTLEMENT	387,500
COMPUTER EXPENSE	4,828
OFFICE EXPENSE	20,699
NEGOTIATIONS	5,356
FAIR SHARE REFUND	83
REPAYMENT OF MORTGAGE PRINCIPAL	60,371
DUES REFUNDS	16,150
CONFERENCES AND MEETINGS - NON ALLOCABLE	5,726
401 (K) CONTRIBUTIONS WITHHELD AND REMITTED TO PLAN	59,715
EQUIPMENT - TRAINING CENTER	4,516
DUES WITHHELD AND REMITTED	38,886
EPEC WITHHELD AND REMITTED	8,954
SUN LIFE INSURANCE WITHHELD AND REMITTED	7,800
CALIFORNIA LEVY WITHHELD AND REMITTED	298
SAVINGS ACCOUNTS WITHHELD AND REMITTED	67,225
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
Total Other Disbursements - other	870,722

I.U.O.E. STATIONARY ENGINEERS LOCAL 39

File: 039-532

EIN: 94-1056580

ATTACHMENT TO LM-2

For the Year Ended December 31, 2000

Page 20 of 22

Line 75, Item 10:

The Local owns 50% of a Building Corporation, which is a subsidiary organization of the Local.
The activities of the Building Corporation are not included in this return.

Line 75, Item 11:

Stationary Engineers Local 39 Health & Welfare Fund
c/o Associated Third Party Administrators
1640 South Loop Road
Alameda, California 94502
94-6171641 501

Stationary Engineers Local 39 Annuity Fund
c/o Associated Third Party Administrators
1640 South Loop Road
Alameda, California 94502
94-2807340 001

Stationary Engineers Local 39 Pension Plan
c/o Associated Third Party Administrators
1640 South Loop Road
Alameda, California 94502
94-6118939 001

Stationary Engineers Northern California and
Northern Nevada Apprenticeship and Training Trust Fund
560 Barneveld Avenue
San Francisco, California 94124
23-7241520

IUOE General Pension
1125 Seventeenth Street NW
Washington, DC 20036
53-0232800 001

I.U.O.E. STATIONARY ENGINEERS LOCAL 39

File: 039-532

EIN: 94-1056580

ATTACHMENT TO LM-2

For the Year Ended December 31, 2000

Page 21 of 22

Line 75, Item 12:

International Union of Operating Engineers,
Stationary Engineers - Local 39 (VOICE)

Filed Form 450 with State of California, Secretary of State

The Nevada PAC fund activity is included, as no filing is done for the State of Nevada.

Line 75, Item 13:

Depreciation expense recorded during the year was \$150,444 .

Automobile was given to the retiring Recording Secretary/Business Manager in appreciation for his years of service to the Local and its members. The total book value of the auto was \$20,956 as of December 31, 1999.

Line 75, Item 16:

Art Viat, the predecessor Recording Secretary/Business Manager, served as Vice President of the International Union of Operating Engineers, Washington, D.C.

Line 75, Item 23:

Buildings: 1620 North Market Blvd, Sacramento, CA 95834
337 Valencia Street, CA 94103

Security for mortgage payable as of December 31, 2000.

Line 75, Item 24:

The Local is in the process of settling the lawsuit known as Robert Hydnorn v. Local 39, Art Viat and Jerry Kalmar. The lawsuit is for wrongful termination and age discrimination. As of December 31, 2000 \$212,500 of the agreed settlement amount is outstanding.

I.U.O.E. STATIONARY ENGINEERS LOCAL 39

File: 039-532

EIN: 94-1056580

ATTACHMENT TO LM-2

For the Year Ended December 31, 2000

Page 22 of 22

Line 75, Item 25:

Beginning of year cash was reduced by \$3,655 to exclude Political Action Committee funds, which are kept separate from the Labor organization's treasury. Form 450 was filed with the Sate of California, Secretary of State.

Line 75, Item 29 and Item 31:

In 1999 the Local purchased a building to lease to its Apprentice Training Fund. This asset is not considered to be a fixed asset and has been reclassified as other assets, Item 31.

Line 75, Item 56, Schedule 9 Column C:

The Recording Secretary and Treasurer of the Local retired during the year-ended December 31, 2000, and a new Recording Secretary and Treasurer were appointed during the year.

Line 75, Item 77:

The Recording Secretary serves as the corresponding Principal Officer of this organization, and will sign as the Treasurer.

